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Document Description: Petition to withdraw attorney or agent (SB83)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **AND CHANGE OF** CORRESPONDENCE ADDRESS

Application Number	10/696,399	
Filing Date	October 28, 2003	
First Named Inventor	Robert IVKOV	
Art Unit	3737	
Examiner Name	A. L. Lauritzen	
Attorney Docket Number	342648-01301	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
Please withdraw me as attorney or agent for the above identified patent application, and		
all the practitioners of record;		
the practitioners (with registration numbers) of record listed on the attached paper(s); or		
the practitioners of record associated with Customer Number:27160		
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.		
The reason(s) for this request are those described in 37 CFR :		
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)		
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iii)		
10.40(c)(1)(v)		
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:		
Certifications Check each box below that is factually correct. WARNING If a box is left unabashed the correct in the correct warning in the correct in the		
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.		
1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.		
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.		
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.		
Please provide an explanation, if necessary:		

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Application form to the USPTO. on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to: The address of the inventor or assignee associated with Customer Number: _ OR Inventor or Aduro Biotech Assignee name Address 626 Bancroft Way, Suite 3-C City Berkeley State CA Zip 94710 Country US 978-856-4175 Telephone Email Dmodel@tritonsys.com I am authorized to sign on behalf of myself and all withdrawing practitioners. Signature Name Sarah Rouse Janosik Registration No. 60.105

[Page 2 of 2]

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State District of Columbia

City Washington

January 28, 2011

NOTE: Withdrawal is effective when approved rather than when received.

Date

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